



Community PRAXIS's
Child Protection and Safeguarding Policy

Community PRAXIS

Child Protection and Safeguarding Policy September 2024 to August 2025

Prepared by:	Community PRAXIS Director: Silvia P. Moncada
Directors' Signatures	
Status & review cycle	Annually
Date approved:	02/06/2025
Review date:	02/06/2025

Safeguarding Team Contacts at Community PRAXIS

Role:	Name and contact details:
Designated Safeguarding Lead (DSL)	Mark C. Straw / Contact: 07881967729
Online Safety Lead	Mark C. Straw / Contact: 0788196 7729

1. Ethos statement	3
2. Introduction	3
3. Key roles and responsibilities	4
4. Induction & Training	7
5. Recognising concerns – signs and indicators of abuse	7
6. Specific safeguarding issues	8
7. Children potentially at greater risk of harm	12
8. Opportunities to teach Safeguarding	15
9. Online safety	16
10. Procedures	19
11. Information sharing, record keeping and confidentiality	20
12. Managing allegations made against staff, volunteers and subcontractors.	21
13. Whistleblowing	22
14. Useful contacts and links	22
15. Acknowledgement	23
16. Appendix A – recording form for safeguarding concerns or guidance for raising concerns on CP’s safeguarding management system further information on specific safeguarding issues	24
17. Appendix B – Body Map	26

Community PRAXIS

Child Protection and Safeguarding Policy Framework

Safeguarding and promoting the welfare of children is **everyone's** responsibility. 'Children' includes everyone under the age of 18. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the **best interest** of the child.

(Keeping Children Safe in Education)

[Keeping children safe in education 2024](#)

1. Ethos statement

Community PRAXIS embraces the moral and statutory responsibility placed on all staff to safeguard and promote the welfare of all children. We aim to provide a safe and welcoming environment in which children can learn, underpinned by a culture of openness where both children and adults feel secure, are able to raise concerns and believe they are being listened to, and that appropriate action will be taken to keep them safe.

Statement on Equality and commitment to anti-discriminatory practice: As per our Equal Opportunity and Diversity Policy, Community PRAXIS is committed to promoting equality of opportunity and eliminating discrimination in accordance with the **Equality Act 2010**, (amended in **2023**). Community PRAXIS is committed to fostering an inclusive workplace where everyone is treated fairly, with dignity and respect. Community PRAXIS will incorporate a cultural pedagogy demonstrating inter-cultural learning and competence, multi-faith teaching and critical thinking skills. We are committed to: * Working towards a world free of discrimination * Redressing inequality and promoting equality of opportunity and *Promoting good relations between members of different racial, cultural and religious groups and communities. This policy has to be read in conjunction with our Equal Opportunities and Diversity Policy.

2. Introduction

Community PRAXIS's Directors recognise the need to ensure that it complies with its duties under legislation and this policy has regard to statutory guidance, Keeping Children Safe in Education (KCSiE), Working Together to Safeguard Children and locally agreed inter-agency procedures put in place by Suffolk Safeguarding Partnership Board.

This policy will be reviewed annually, as a minimum, and will be made available publicly via the school website or on request.

Safeguarding and promoting the welfare of children is defined as: providing help and support to meet the needs of children as soon as problems emerge, protecting children from maltreatment whether that is within or outside the home, including online; preventing impairment of children's mental and physical health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Safeguarding practice and procedures

This policy is for all staff, subcontractors, parents, volunteers and any other relevant third party within our provision. It forms part of the child protection and safeguarding arrangements for our organisation/provision and is one of a suite of policies and procedures which encompass the safeguarding responsibilities of Community PRAXIS. The aims of this policy are to:

- Provide staff with a framework to promote and safeguard the wellbeing of children and young people and ensure that all staff understand and meet their statutory responsibilities.
- Ensure consistent good practice across the school.

Community PRAXIS expects that all staff will have read and understand this child protection and safeguarding policy and their responsibility to implement it. Staff working directly with children **must**, as a minimum, have read and understand Part One of [Keeping children safe in education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362822/Keeping_children_safe_in_education.pdf). Community PRAXIS will ensure that staff have read and understand Parts One and Two of KCSiE.

Community PRAXIS's Directors will ensure that arrangements are in place for all staff members to receive appropriate safeguarding and child protection training (including online) which are regularly updated.

Compliance with the policy will be monitored by Community PRAXIS' Directors, designated safeguarding lead (DSL) is Mark C. Straw.

3. Key roles and responsibilities

Community PRAXIS's Directors have a strategic leadership responsibility for the organisation's safeguarding arrangements and must ensure that they comply with their duties under legislation. Community PRAXIS's Directors have a legal responsibility to make sure that there are appropriate policies and procedures in place, which have regard to statutory guidance, in order for appropriate action to be taken in a timely manner to safeguard and promote children and young people's welfare. Community PRAXIS will also ensure that the policy is made available to parents and carers by publishing this on the Community PRAXIS's website or in writing if requested.

Community PRAXIS will ensure they facilitate a *whole setting approach* to safeguarding. This means involving everyone within our provision and ensuring safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development, and that all systems, processes and policies are transparent, clear and easy to understand and operate with the best interests of the child at their heart.

Community PRAXIS will ensure that where there is a safeguarding concern staff will make sure the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Systems will be in place that are well promoted, easily understood and easily accessible for children to confidently report any form of abuse, knowing their concerns will be treated seriously, and knowing they can safely express their views and give feedback.

Community PRAXIS's Directors will ensure that CP contributes to multi-agency working in line with statutory guidance **Working Together to Safeguard Children** and that CP's safeguarding arrangements take into account the procedures and practice of the locally agreed multi-agency safeguarding arrangements in place.

It is Community PRAXIS's responsibility to ensure that staff and volunteers are properly vetted to make sure they are safe to work with all young people/children who attend our provision and that Community PRAXIS has procedures for appropriately managing safeguarding allegations made against, or low level concerns involving, members of staff, including CP's Directors, staff, youth workers, subcontractors and volunteers.

Community PRAXIS will ensure that there is a Designated Safeguarding Lead (DSL) who is a senior member of the leadership team, has lead responsibility for safeguarding and child protection. Our DSL is Mark C. Straw / Contact Information 07881967729.

Community PRAXIS will have regard to their obligations under the Human Rights Act 1998 and the Equality Act 2010.

The Role of the Designated Safeguarding Lead

The DSL should always be available during CP's provision hours for staff to discuss any safeguarding concerns.

The DSL will take lead responsibility for safeguarding and child protection this will include:

- Online safety including and understanding the filtering and monitoring systems in place.
- Make arrangements for adequate and appropriate cover arrangements for any out of hours/out of term time activities.
- Have the appropriate status, authority, time, funding, training, resources and support needed to carry out the duties of the post effectively.
- will undergo training to provide them with the knowledge and skills to carry out the role. This training will be updated every two years.
- will liaise with the CP's Director to inform them of issues and in particular ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Create and update the CP's Child Protection & Safeguarding Policy
- Make sure all staff know how to raise safeguarding concerns.
- Refer any concerns of the welfare of a child to social services when appropriate.
- Ensure all staff have the appropriate training to understand the signs and symptoms of child abuse and neglect.
- Maintain accurate and secure child protection records.
- Gather any evidence or information that needs to be passed on to the social care team.

Community PRAXIS' Directors will ensure that the policies and procedures adopted by Community PRAXIS are fully implemented and that sufficient resources, time and training are provided to enable staff members to discharge their safeguarding responsibilities and contribute effectively to a *whole setting approach* to safeguarding.

Community PRAXIS' Directors will be responsible for ensuring a culture of safety and ongoing vigilance that fosters the belief that 'it could happen here'.

All staff

All staff have a responsibility to provide a safe environment in which children can learn.

All staff working directly with children must read and ensure they understand at least Part One of KCSiE. Those staff that do not work directly with children must read and ensure they understand either at least Part One or Annex A of KCSiE.

All staff must ensure they are familiar with the systems within Community PRAXIS which support safeguarding, the safeguarding response to children who go missing from education, and the role of the DSL. These will be explained to all staff and or subcontractors and volunteers on induction.

All staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may need help or protection. All staff should maintain a belief that 'it could happen here' where safeguarding is concerned and if staff have any concerns about a child's welfare, they must act on them immediately.

All staff should be able to reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting abuse, sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

All staff should know what to do if a child tells them he/she is being abused, neglected or exploited, and/or is otherwise at risk of involvement in criminal activity, such as knife crime, or involved in county lines drug dealing.

All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989 that may follow a referral, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) along with the role they might be expected to play in such assessments.

All staff should be aware of, and understand their role within the [early help process](#). This includes providing support as soon as a problem emerges, liaising with the DSL, and sharing information with other professionals to support early identification and assessment, focussing on providing interventions to avoid escalation of worries and needs. In some cases, staff may be asked to act as the lead professional in undertaking an early help assessment. Further guidance on effective assessment of the need for early help can be found in [Working Together to Safeguard Children](#).

Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for a child who:

- is disabled or has certain health conditions and has specific additional needs
- has special educational needs (SEN) (whether or not they have a statutory Education, Health and Care Plan)
- has a mental health need
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
- is frequently missing/goes missing from care or from home
- has experienced multiple suspensions, is at risk of being permanently excluded from schools, colleges and in Alternative Provision or a Pupil Referral Unit
- is at risk of modern slavery, trafficking or sexual or criminal exploitation
- is at risk of being radicalised or exploited
- has a parent or carer in custody, or is affected by parental offending
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues or domestic abuse
- is misusing alcohol and other drugs themselves
- is at risk of 'honour'-based abuse such as Female Genital Mutilation (FGM) or forced marriage
- is a privately fostered child

Knowing what to look out for is vital to the early identification of abuse and neglect and specific safeguarding issues such as child criminal exploitation and child sexual exploitation. If staff are unsure, they should always speak to the DSL (or deputy). If in exceptional circumstances the DSL (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from children's social care. In these circumstances, any action taken should be shared with the DSL as soon as is practically possible. Details of the Community PRAXIS's safeguarding team are on the front this policy.

4. Induction & Training

Community PRAXIS will ensure that all staff receive appropriate safeguarding and child protection training (including online safety, which amongst other things includes an understanding of the expectations, applicable role and responsibilities in relation to filtering and monitoring) which is regularly updated and [in line with advice from SSP](#). In addition, all staff members will receive regular safeguarding and child protection (including online safety) updates (for example, via email, e-bulletins, staff meetings) as required, but at least annually, to provide them with relevant skills and up to date knowledge of emerging and evolving safeguarding issues to safeguard children effectively.

All new staff members will undergo safeguarding and child protection training at induction. This will include training on the CP's safeguarding and child protection policy, online safety, the code of conduct/staff, low-levels concerns guidance, the safeguarding response to children who are absent from education, and the role of the designated safeguarding lead. Copies of the CP's policies,

procedures and Part One of KCSiE (or Annex A for those staff who do not work directly with children) will be provided to new staff, subcontractors and volunteers at induction.

Community PRAXIS will ensure that safeguarding training for staff, including online safety training, is integrated, aligned and considered as part of the *whole setting safeguarding approach* and wider staff training and curriculum planning.

Community PRAXIS Directors will ensure that an accurate record of safeguarding training undertaken by all staff is maintained and updated regularly.

5. Recognising concerns - signs and indicators of abuse, neglect and exploitation.

All staff should be aware of the indicators of abuse, neglect and exploitation (see below), understanding that children can be at risk of harm inside and outside of our provision, inside and outside of home, and online. Exercising professional curiosity and knowing what to look for is vital for the early identification of abuse and neglect so that staff are able to identify cases of children who may be in need of help or protection.

All staff should be aware that abuse, neglect, exploitation, and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label alone. In most cases, multiple issues will overlap.

All staff, but especially the DSL should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines and radicalisation.

All staff should be aware that technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse and other risks online as well as face to face. In many cases abuse and other risks will take place concurrently both online and offline. Children can also abuse other children online, this can take the form of abusive, harassing, and misogynistic/misandrist messages, the non-consensual sharing of indecent images, especially around chat groups, and the sharing of abusive images and pornography to those who do not want to receive such content

In all cases, if staff are unsure, they should always speak to the DSL.

Indicators of abuse and neglect

Abuse is defined as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse including where they see, hear or experience its effects. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or another child or children.

The following indicators listed under the categories of abuse are not an exhaustive list:

Physical abuse: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond

a child's developmental capability as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue (also known as child-on-child abuse) in education and all staff should be aware of it and of the CP's policy and procedures for dealing with it.

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

(Source Keeping Children Safe in Education)

6. Specific safeguarding issues

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as of drug taking and/or alcohol misuse, unexplainable and/or persistent absences from education, serious violence (including that linked to county lines) radicalisation and consensual and non-consensual sharing of nude and semi-nude images and/or videos can be signs that children are at risk. Other safeguarding issues all staff should be aware of include:

Child-on-child abuse

All staff should be aware that children can abuse other children (often referred to as child-on-child abuse). And that it can happen both inside and outside of school and online. It is important that all staff recognise the indicators and signs of child-on-child abuse and know how to identify it and respond to reports.

All staff should understand, that even if there are no reports in our provision it does not mean it's not happening, it may be the case that it is just not being reported. As such, it is important if staff have any concerns regarding child-on-child abuse they should speak to the DSL and record these using the Community PRAXIS' safeguarding system.

It is essential that all staff understand the importance of challenging inappropriate behaviours between children, many of which are listed below, that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

Child-on-child abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- Abuse in intimate personal relationships between children (sometimes known as ‘teenage relationship abuse’)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.
- Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.
- Consensual and non-consensual sharing of nude and semi nude images and or videos¹ (also known as sexting or youth produced sexual imagery)
- upskirting, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element)

All staff should be clear about Community PRAXIS’ policies and procedures with regards to child-on-child abuse and the important role they must play in preventing it and responding where they believe a child may be at risk from it.

CCE & CSE Exploitation

Child sexual exploitation (CSE) and Child Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

Child Criminal Exploitation (CCE)

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however staff should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

Child Sexual Exploitation (CSE)

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children

¹ UKCIS guidance: Sharing nudes and semi-nudes advice for education settings.

in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.

Domestic Abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or pattern of incidents. That's abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long term impact on their health, well-being, development, and ability to learn.

Awareness and subject specific training relating to:

So-called 'honour'-based abuse (including female genital mutilation and forced marriage)

So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

Actions: If staff have a concern regarding a child who might be at risk of HBA or who has suffered from HBA, they should speak to the DSL. As appropriate, the DSL will activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with the police and local authority children's social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers²² that requires a different approach (see below).

Female Genital Mutilation (FGM)

Whilst all staff should speak to the DSL regarding any concerns about FGM, there is a specific legal duty on staff²³. If a (CP staff), in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the staff member/subcontractor must report this to the police.

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

FGM mandatory reporting duty for teachers Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers, along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases may face disciplinary sanctions. It will be rare for staff to see visual evidence, and they should not be examining pupils or students, but

²² Under Section 5B(11)(a) of the Female Genital Mutilation Act 2003, "teacher" means, in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England). ²³ Section 5B(6) of the Female Genital Mutilation Act 2003 states teachers need not report a case to the police if they have reason to believe that another teacher has already reported the case.

the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: Mandatory reporting of female genital mutilation procedural information.

CP’s staff/subcontractors must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the member of staff/subcontractor has good reason not to, they should still consider and discuss any such case with CP’s DSL and involve local authority children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the staff/subcontractor does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, staff should follow local safeguarding procedures. The following is a useful summary of the FGM mandatory reporting duty: FGM Fact Sheet. Further information can be found in the Multi-agency statutory guidance on female genital mutilation and the FGM resource pack particularly section 13. (KCSiE Sept 2024 assets.publishing.service.gov.uk) pages: 33 – 35.

Forced marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some perpetrators use perceived cultural practices to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit (FMU) has created: Multi-agency practice guidelines: handling cases of forced marriage (chapter 8 provides guidance on the role of schools and colleges) and, Multi-agency statutory guidance for dealing with forced marriage, which can both be found at [The right to choose: government guidance on forced marriage - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Staff/subcontractors can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmfu@fcdo.gov.uk.

In addition, since February 2023 it has also been a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. As with the existing forced marriage law, this applies to non-binding, unofficial ‘marriages’ as well as legal marriages.

Mental Health

All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Education staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Staff can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following CP’s policy, and speaking to the DSL.

Serious violence

All staff should be aware of the indicators which may signal that children are at risk from, or involved with, serious violent crime. These may include increased absence from our provision, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

7.Children potentially at greater risk of harm

Community PRAXIS recognises that whilst all children should be protected there are some groups of children who are potentially at greater risk of harm and, in some cases, these children may find it difficult to communicate what is happening to them.

Alternative Provision

Where a school places a pupil with an alternative provision provider, it continues to be responsible for the safeguarding of that pupil and should be satisfied that the placement meets the pupil's needs.

Community PRAXIS recognises that the cohort of pupils in alternative provision often have complex needs and is aware of the additional risk of harm our pupils may be vulnerable to.

Community PRAXIS will have regard to the following statutory guidance:

[Alternative provision – DfE Statutory Guidance](#), and [Education for children with health needs who cannot attend school – DfE Statutory Guidance](#)

Children who need a social worker (Child in Need and Child Protection Plans)

Children may need a social worker due to complex safeguarding or welfare needs. Children may need this help due to abuse, neglect and/or complex family circumstances. A child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and mental health.

Community PRAXIS expects that the Local Authority will share the fact a child has a social worker, and the DSL will hold and use this information so that decisions can be made in the best interests of the child's safety, welfare and educational outcomes. This should be considered as a matter of routine. There are clear powers to share this information under existing duties on both LAs and school to safeguard and promote the welfare of children.

Where children need a social worker, this should inform decisions about safeguarding (for example, responding to unauthorised absence or to a child missing education where there are known safeguarding risks) and about promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services).

Children missing from education

Children missing education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.

[Children Missing Education - Guidance for Local authorities](#)

A child being absent from education, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage. There are many circumstances where a child may be absent or become missing from education, but some children are particularly at risk. These include children who:

- Are at risk of harm or neglect
- Are at risk of forced marriage or FGM
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care
- Are supervised by the youth justice system
- Cease to attend a school

- Come from new migrant families

Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being absent, such as travelling to conflict zones, FGM and forced marriage.

Further information and support includes:

- schools' duties regarding children missing education, including information schools must provide to the LA when removing a child from the school roll at standard and non-standard transition points can be found in the DfE's statutory guidance: [Children Missing Education](#).
- General information and advice for schools can be found in the Government's [Missing Children and Adults Strategy](#).
- further information for colleges providing education for a child of compulsory school age can be found in: [Full-time-Enrolment of 14 to 16 year olds in Further Education and Sixth Form Colleges](#)
- guidance for schools concerning children who are absent from education [Working Together To Improve School Attendance](#)

CP will report a child missing from education to Suffolk County Council if the child has been out of education for 10 days or more consecutively.

Suffolk County Council Children Missing Education (CME) Team:
Suffolk County Council, Endeavour House, Ipswich, IP1 2BX
Phone 01473 265224
Email to cme@suffolk.gov.uk

Reporting a child missing education (CME), including out of hours

- [CME online portal form](#)
- [CME Schools Portal guidance for Public and Professional](#)
- [CME Reporting Template form](#)

Children requiring mental health support

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff can access further advice in a DfE guidance documents [Preventing and tackling bullying and mental health and behaviour in schools](#) which set out how staff can help prevent mental health problems by promoting resilience as part of an integrated, *whole setting approach* to social and emotional wellbeing, which is tailored to the needs of pupils.

Looked after children and previously looked after children.

The most common reason for children becoming looked after is as a result of abuse and/or neglect. CP's will ensure staff have the skills, knowledge and understanding to keep looked after children safe.

Community PRAXIS will ensure there are arrangements in place so that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents, or on an interim or full care order) and the child's contact arrangements with birth parents or those with parental responsibility.

Appropriate staff will also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after the child. The DSL should have the details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

A previously looked after child potentially remains vulnerable and all staff should have the skills, knowledge and understanding to keep previously looked after children safe. CP recognises that when dealing with looked after children and previously looked after children, it is important that all agencies work together and prompt action is taken when necessary to safeguard these children, who are a particularly vulnerable group.

For children who are care leavers, the DSL should have details of the LA Personal Advisor appointed to guide and support the care leaver and liaise with them as necessary regarding any issues of concern.

Children with SEN and disabilities, or health issues can face additional safeguarding challenges, both online and offline.

Staff should avoid making assumptions that indicators of possible abuse such as behaviour, mood and injury may relate to the child's disability or medical condition without further exploration.

Staff should also be aware that these children may be more prone to peer group isolation or bullying (including prejudice-based bullying) than other children. Similarly, staff should be aware of the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying without outwardly showing signs or being able to communicate how they are feeling.

Staff also need to be mindful of children's cognitive understanding, for example, whether they are able to understand the difference between fact and fiction in online content and the consequences of repeating the content/behaviours in our setting.

As such, any reports of abuse involving children with SEND will require close liaison with the DSL and SENCO.

Further information can be found in the DfE's:

- [SEND Code of Practice 0 to 25 years](#), and
- [Supporting Pupils at School with Medical Conditions](#)
- [Children with special educational needs and disabilities \(SEND\) | NSPCC Learning](#)
- [NSPCC - Safeguarding child protection/deaf and disabled children and young people](#)

Children who are lesbian, gay, bi, or gender questioning

N.B. This section remains under review, pending the outcome of the gender questioning children guidance consultation, and final gender questioning guidance documents being published.

Community PRAXIS acknowledge that the fact that a child or young person may be lesbian, gay or bisexual is not in itself an inherent risk factor for harm. However, children who are lesbian, gay or bisexual can be targeted by other children. In some cases, a child who is perceived to be lesbian, gay or bisexual (whether they are or not) can be just as vulnerable as children who are.

Risks can be compounded where children who are lesbian, gay or bisexual lack a trusted adult with whom they can be open. Staff should therefore endeavour to reduce the additional barriers faced and provide a safe space for them to speak out or share their concerns with members of staff.

8. Opportunities to teach safeguarding

Community PRAXIS will ensure that children and young people are taught about how to keep themselves and others safe, including online.

Community PRAXIS recognises that effective education should be tailored to the specific needs and vulnerabilities of individual children, including children who are victims of abuse, and children with SEND.

Relevant topics will be included within Relationships Education (*primary schools*) and Relationships and Sex Education (also known as Sex and Relationship Education) (*secondary schools*) and through Health Education (*all pupils in state funded schools*), having regard to statutory guidance.

Preventative education is most effective in the context of a *whole-setting approach* that prepares children and young people for life in modern Britain and creates a culture of zero tolerance for sexism, misogyny/misandry, homophobia, biphobia and sexual violence/harassment.

CP will expect that the organisation's values and standards should be upheld and demonstrated throughout all aspects of our provision. These will be underpinned by the CP's Behaviour Policy. This whole-setting approach will be fully inclusive and developed to be age and stage of development appropriate, and will tackle (in age-appropriate stages) issues such as:

- Healthy and respectful relationships
- Boundaries and consent
- Stereotyping, prejudice and equality
- Body confidence and self-esteem
- How to recognise and abusive relationship, including coercive and controlling behaviour
- The concepts of, and laws relating to – sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, so called honour-based violence such as forced marriage and FGM, and how to access support, and
- What constitutes sexual harassment and sexual violence and why these are always unacceptable.

9. Online safety

The use of technology has become a significant component of many safeguarding issues such as child sexual exploitation, radicalisation and sexual predation and technology often provides the platform that facilitates such harm.

Community PRAXIS has had due regard to the additional information and support set out in KCSiE and ensures that CP has a whole setting approach to online safety and has a clear policy on use of communications technology within our provision. Online safety will be a running and interrelated theme when devising and implementing policies and procedures. This will include considering how online safety is reflected in all relevant policies and whilst planning the curriculum, any staff training, the role of the DSL and any parental engagement.

It is essential that children are safeguarded from potentially harmful and inappropriate online material. CP adopts a *whole-setting approach* to online safety to protect and educate pupils and staff in their use of technology, and establishes mechanisms to identify, intervene in, and escalate any concerns as appropriate.

Online safety issues can be categorised into four areas of risk:

- Content: being exposed to illegal, inappropriate or harmful content, for example, pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, or radicalisation or extremism.
- Contact: being subjected to harmful online interaction with other users, for example, peer to peer pressure, commercial advertising, and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.
- Conduct: online behaviour that increases the likelihood of, or causes, harm, for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images, and online bullying); and
- Commerce: risks such as online gambling, inappropriate advertising, phishing and/or financial scams. If staff feel that either they or pupils are at risk this should be reported to the Anti-Phishing Working Group (<https://apwg.org/>).

Community PRAXIS will ensure that an annual review is undertaken of the setting approach to online safety including CP's filtering and monitoring provision, supported by an annual risk assessment that considers and reflects the risks pupils face online. The Online Safety Leader will be responsible for the policy annual review. CP should ensure they have the appropriate level of security protection procedures in place in order to safeguard their systems, staff and learners and review the effectiveness of these procedures periodically to keep up with evolving cyber-crime technologies. Guidance on cyber security including considerations can be found at [Cyber security training for school staff - NCSC.GOV.UK](https://www.ncsc.gov.uk)

CP staff can access resources, information and support as set out in Annex B of KCSiE.

The Online Safety Lead is Mark C. Straw, 07881967729

The Prevent Duty

Radicalisation

Children may be susceptible to radicalisation into terrorism. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a schools or colleges safeguarding approach. Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead making a Prevent referral.

Preventing Radicalisation

The aim of Prevent is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Radicalisation is the process by which a person comes to support terrorism and extremist ideologies. There are many factors that can make someone susceptible to radicalisation, it can happen to anyone of any age, social class, religion, ethnicity or educational background.

The Prevent Duty

As defined in the Government's Prevent Duty Guidance for England and Wales and as defined in the Terrorism Act 2000 (TACT 2000) <http://www.legislation.gov.uk/ukpga/2000/11/contents> 29, all educational centres are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have "due regard to the need to prevent people from becoming terrorists or supporting terrorism". This duty is known as the Prevent duty.

The Prevent duty should be seen as the centre's wider safeguarding obligations. The DSL and other senior leaders in our setting should familiarise themselves with the revised Prevent duty guidance: for England and Wales, especially paragraphs 141-210, which are specifically concerned with education (and also covers childcare). The guidance is set out in terms of three general themes: leadership and partnership, capabilities and reducing permissive environments.

Channel

CP's DSL should be aware of local procedures for making a Prevent referral. Channel is a voluntary, confidential support programme which focuses on providing support at an early stage to people who are identified as being susceptible to being drawn into terrorism. Prevent referrals are assessed and may be passed to a multi-agency Channel panel, which will discuss the individual referred to determine whether they are at risk of being drawn into terrorism and consider the appropriate support required.

A representative from our provision may be asked to attend the Channel panel to help with this assessment. An individual will be required to provide their consent before any support delivered through the programme is provided. The designated safeguarding lead should consider if it would be appropriate to share any information with the new school or college/provider in advance of a child leaving.

Statutory guidance on Channel is available at: Channel guidance and Channel training from the Home Office. Additional support, The Department has published further advice for those working in education settings with safeguarding responsibilities on the Prevent duty. Channel duty guidance A refreshed Channel duty guidance was released by the Home Office in 2021 (Channel Duty Guidance)
Channel Duty

In addition to the Prevent duty, the Counter-Terrorism and Security Act 2015 introduced a new duty for local authorities to provide support for people vulnerable to being drawn into terrorism. In England and Wales, this is achieved through Channel Panels. The overall aim of the programme is early intervention and diverting people away from the risk they may face and is a safeguarding programme aimed at supporting individuals identified as vulnerable to being drawn into violent extremism or terrorist related activity. Participation in the Channel process is however voluntary, and consent of the individual is required before they take part.

Radicalisation Prevent duty guidance – Home Office guidance Prevent duty: additional advice for schools and childcare providers – DfE advice Educate Against Hate website – DfE and Home Office guidance Prevent for FE and Training – Education and Training Foundation (ETF) Extremism and Radicalisation Safeguarding Resources – Resources by London Grid for Learning Managing risk of radicalisation in your education setting – DfE advice

Preventing Radicalisation Training The Community Safety Team at Suffolk County Council organise and run a variety of training opportunities which include sessions on Preventing Radicalisation.

Keeping Safe online factsheet We know it's hard to stay on top of what young people are accessing online. [Our guide for parents and teachers](#) is a good starting point for learning more about the different platforms and apps young people are accessing.

Support can be found at [Educate Against Hate - Prevent Radicalisation & Extremism](#)

Further information can be found by searching 'Preventing Radicalisation' on Suffolk County Councils webpages.

Further local support or training can be accessed: community.safety@suffolk.gov.uk

Further Resources The prevent duty: [Prevent duty guidance: England and Wales \(2023\) - GOV.UK \(www.gov.uk\)](#)

Practical educational resources to empower young people [Going Too Far](#) and [educate against hate](#)

There is no single route to radicalisation. However, there are certain behaviours you can watch out for that is often seen when someone is being led down the path of extremism. These behaviours include:

- Being influence or controlled by a group
- Mental health issues
- Spending an increasing amount of time online and sharing extreme vies on social media
- Looking to blame others.

To find out more about how to help someone close to you visit [Act Early](#) or call the ACT early support line on 0800 011 3764 where, in confidence, you can share your concerns with specially trained officers. Lines are open 09.00-5.00pm every day. In an emergency dial 999.

Keeping safe online: we know it's hard to stay on top of what young people are accessing online. [Our guide for parents and teachers](#) is a good starting point for learning more about the different platforms and apps young people are accessing.

Local Prevent Delivery While Prevent is a national strategy, it is delivered locally by a wide range of partners across Suffolk. Suffolk has a multi-agency Prevent Delivery Group which brings together a whole range of agencies to work together to meet the Prevent Duty - they have a [3 year Prevent Delivery Group Strategy](#) in place.

Partners also deliver frontline staff training, deliver projects to increase understanding and manage a referral service called Channel Panel. Further information can be found by searching 'Preventing Radicalisation' on Suffolk County Councils webpages.

The full guidance document is available at: <https://www.gov.uk/government/publications/prevent-duty-guidance>. Whilst each specified authority has this Duty, the guidance does not expect organisations and institutions to tackle the issue alone. It clearly states that Prevent work depends on effective partnership working and expects coordination of this activity through a multi-agency forum.

Suffolk Prevent Delivery Group (PDG) The Suffolk Prevent Delivery Group is a multiagency forum that co-ordinates a strategic, partnership approach to tackling extremism. It harnesses the knowledge, skills and resources of partner agencies across Suffolk and meets quarterly

10. Procedures

If staff/subcontractors notice any indicators of abuse/neglect or signs that a child or young person may be experiencing a safeguarding issue they should record their concerns on a **Community PRAXIS's Recording Form for Safeguarding Concerns** and pass it to the DSL without delay. **Recording forms are included at APPENDIX A and B**

What to do if you are concerned.

If a child makes an allegation or disclosure of abuse against an adult or other child or young person, it is important that you:

- Stay calm and listen carefully;
- Accept what is being said;
- Allow the child/young person to talk freely – do not interrupt or put words in the child/young person's mouth;
- Only ask questions when necessary to clarify, do not investigate or ask leading questions;
- Reassure the child, but don't make promises which it might not be possible to keep;
- Do not promise confidentiality;
- Emphasise that it was the right thing to tell someone;
- Reassure them that what has happened is not their fault;
- Do not criticise the perpetrator;
- Explain what has to be done next and who has to be told;
- Make a written record, which should be signed and include the time, date and your position in the organisation;
- Do not include your opinion without stating it is your opinion;
- Pass the information to the DSL or alternate without delay;
- Consider seeking support for yourself and discuss this with the DSL as dealing with a disclosure can be distressing.

When a record of a safeguarding concern is passed to the DSL, the DSL will record the time and date the record of concern was received. The DSL will assess the concern and, taking into account any other safeguarding information known about the child/young person, consider whether it suggests that the threshold of significant harm, or risk of significant harm, has been reached or may be a child in need. If the DSL is unsure whether the threshold has been met, they will contact the MASH Professional Consultation Line for advice (0345 606 1499). Where appropriate, the DSL will complete and submit the SCC multi agency referral form (MARF) ([available on the SSP website](#))³.

Where the DSL believes that a child or young person may be at imminent and significant risk of harm they should call Customer First immediately and then complete the SSP MARF within 24 hours to confirm the referral. In these circumstances, it is important that any consultation should not delay a referral to Customer First.

Where a safeguarding concern does not meet the threshold for completion of a MARF, the DSL should record how this decision has been reached and should consider whether additional needs of the child

³ N.B. The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police, although the DSL should also be made aware.

have been identified that might be met by a coordinated offer of early help including the school local early help offer.

CP staff might be required to contribute to multi-agency plans to provide additional support to children. This might include attendance at child protection conferences or core group meetings. CP is committed to providing as much relevant up to date information about the child as possible, including submitting reports for child protection conferences in advance of the meeting in accordance with SSP procedures and timescales.

Where reasonably possible, the CP is committed to obtaining more than one emergency contact number for each pupil.

CP staff must ensure that they are aware of the procedure to follow when a child goes missing from education, reporting and escalating concerns about child-on-child abuse, including child on child sexual violence and sexual harassment.

11. Information sharing, record keeping and confidentiality

Information sharing is vital in safeguarding children by identifying and tackling all forms of abuse and neglect, and in promoting children's welfare, including in relation to their educational outcomes. CP has clear powers to share, hold and use information for these purposes.

As part of meeting a child's needs, CP understands that it is critical to recognise the importance of information sharing between professionals and local agencies and will contribute to multi-agency working in line with Working Together to Safeguard Children. Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm.

Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, and to keep the information they hold safe and secure, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns. Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. Staff will have regard to the Government guidance: [Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers](#) which supports staff who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information and considerations with regard to the Data Protection Act 2018 and General Data Protection Regulation (GDPR). If in any doubt about sharing information, staff should speak to the DSL.

Well-kept records are essential to good child protection practice. All concerns, discussions and decisions made and the rationale for those decisions should be recorded in writing. If in doubt about recording requirements, staff should discuss with the DSL.

Community PRAXIS recognises that confidentiality should be maintained in respect of all matters relating to child protection. Information on individual child protection cases may be shared by the DSL or alternate DSL with other relevant members of staff. This will be on a 'need to know' basis and where it is in the child's best interests to do so.

A member of staff must never guarantee confidentiality to anyone about a safeguarding concern (including parents/carers or pupils) or promise a child to keep a secret which might compromise the child's safety or wellbeing.

As well as allowing for information sharing, in circumstances where it is warranted because it would put a child at risk of serious harm, the DPA 2018 and the GDPR allow schools to withhold information. This may be particularly relevant where a child is affected by domestic abuse perpetuated by a parent or carer, is in a refuge or another form of emergency accommodation, and the serious harm tests is met.

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to local authority children's social care and if appropriate the police, (see [When to Call the Police: Guidance for schools and colleges](#) (npcc.police.uk)) is made immediately. Referrals should follow the local referral process.

Ordinarily, the school will always undertake to share its intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. It would be legitimate to share information without consent where: it is not possible to gain consent; it cannot reasonably be expected that a practitioner gains consent; and, if to gain consent would put a child at risk. If in doubt, staff will consult with the MASH Professional Consultation Line on this point.

12. Managing allegations made against staff, volunteers and contractors

Community PRAXIS will follow the SSP [Arrangements for Managing Allegations of Abuse Against People Who Work With Children or Those Who Are in A Position of Trust](#) if a safeguarding concern or allegation is raised against an adult in a position of trust.

An allegation that may meet the harm threshold is any information which indicates that a member of staff/subcontractors and volunteers may have:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he/she may pose a risk of harm to children; and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

This applies to any child the member of staff, volunteer or subcontractor has contact with in their personal, professional or community life. It also applies regardless of whether the alleged abuse took place in our provision.

If any member of staff has concerns that a colleague, volunteer or subcontractor might pose a risk to children, it is their duty to report these to the DSL. Where the concerns or allegations are about the DSL, these should be referred to the CPRAXIS' Director Silvia P. Moncada who will report to LADO. Where concerns or allegations are about any or both CP's Directors this should be reported to the concern to the Local Authority Designated Officer (LADO) within one working day.

LADO can be contacted via email on LADO@suffolk.gov.uk or by using the LADO central telephone number: 0300 123 2044 for allegations against all staff and volunteers.

Action at Conclusion of a Case

If advised by LADO, Community PRAXIS will complete a referral to the DBS if the safeguarding allegation is substantiated and if the staff member is dismissed or if CP ceases to continue using the person's services, the person resigns or ceases to provide their services, where the outcome should they not have resigned would likely have been dismissal.

Community PRAXIS will complete a referral to the DBS within 1 month as it is a legal requirement.

Community PRAXIS will also make a referral to a regulatory body if the member staff / subcontractor/volunteer is subject to registration or regulation by a professional body or regulator. Community PRAXIS will follow LADO's advice on whether a referral to the appropriate body is required.

13. Whistleblowing

CPRAXIS' Directors recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff, subcontractors and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the CP's safeguarding regime and know that such concerns will be taken seriously by the CPRAXIS' Directors.

Whistleblowing is 'making a disclosure in the public interest' and occurs when a worker (or member of the wider community setting) raises a concern about danger or illegality that affects others, for example, children within our provision or members of the public.

CP would wish for everyone in our provision to feel able to report any child protection/safeguarding concerns through existing procedures within CP, including the whistleblowing procedure adopted by CP's Directors where necessary. However, for members of staff, subcontractors and volunteers who do not feel able to raise such concerns internally, there is a NSPCC whistleblowing helpline. Staff can call 0800 028 0285 (line available from 8.00am to 8.00pm, Monday to Friday) or email: help@nspcc.org.uk

Risks of modern slavery and how to report modern slavery and get support

Modern slavery can happen **anywhere**, and every case is different. Signs of forced labour, and criminal or sexual exploitation, can be very different. Victims might look helpless and afraid - but they can also seem accepting of their situation, or unaware of it. They might even defend the people who are exploiting them.

If you suspect that a modern slavery crime is being committed, **do not confront the victim** - or the person who you believe to be responsible - as you may put the victim in more danger. Instead, tell someone as soon as you feel it's safe to. You can report any concerns:

- You can report crime directly to Suffolk Police [Report a crime to Suffolk Police online](https://www.midsuffolk.gov.uk/w/modern-slavery) 
<https://www.midsuffolk.gov.uk/w/modern-slavery>
- If you have a hearing or speech impediment, use their textphone service on 18001 101
- **Always dial 999 when life is threatened or people are injured, or if there is a crime in progress, someone is in danger or an immediate police response is necessary.**
- If you want to remain anonymous, you can contact Crimestoppers on [0800 555 111](tel:0800555111)
- Phone Suffolk Police on 101 at any time if you would prefer to speak to someone, for crimes that have happened, where someone will be able to help you.
- To report a suspicion, report potential victims, or get advice or any concerns to the [Modern Slavery Helpline](#) on [08000 121 700](tel:08000121700)
- You can contact the Salvation Army referral helpline 0300 303 8151
- [Contact Unseen UK](#) Phone: [0303 040 2888](tel:03030402888)

14. Useful Contacts:

Multi-agency Safeguarding Hub (MASH) Professional Helpline: 0345 606 1499

MASH [webchat facility](#)

Customer First (Professional Referral Line) for use in emergencies only: 0345 606 6167

Customer First: 0808 800 4005

Police (emergency only): 999

Suffolk Police main switchboard: 01473 613500

Suffolk Police Cybercrime Unit: 101

Suffolk Local Safeguarding Partnership www.suffolksp.org.uk

Suffolk County Council: www.suffolk.gov.uk/community-and-safety/staying-safe-online/e-safer-suffolk/

LADO 0300 123 2044 or lado@suffolk.gov.uk or on the [LADO pages](#) on Suffolk Safeguarding Partnership website

15. Acknowledgement

I confirm that I have read and understood the Community PRAXIS's Child Protection and Safeguarding Policy and agree to abide by its terms.

Name: _____

Signature: _____

Date: _____

16. Appendix A

Community PRAXIS

Record of concern about a child/young person’s safety and welfare

Part 1 (for use by any staff – must be handwritten and legible/ or equivalent information on electronic recording system)

Pupil’s name:		Date of birth:	Class/Form:
Date & time of incident:		Date & time (of writing):	
Name (print):		Job title:	
Signature:			
Record the following factually: Nature of concern, e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc. <i>(please include as much detail in this section as possible. Remember – the quality of your information will inform the level of intervention initiated. Attach additional sheets if necessary.</i>			
What is the pupil’s perspective?			
Professional opinion, where relevant <i>(how and why might this have happened?)</i>			
Any other relevant information. Previous concerns etc. <i>(distinguish between fact and opinion)</i>			
Note actions, including names of anyone to whom your information was passed and when			

Check to make sure your report is clear to someone else reading it.

Please pass this form to your DSL without delay

Community PRAXIS

Record of concern about a child/young person's safety and welfare

Part 2 (for use by DSL)

Information received by DSL:	Date:	Time completed:	From whom:		
Any advice sought, if applicable	Date:	Time completed:	From: name/organisation:		
	Advice received:				
Action taken with reasons recorded (e.g. MARF completed, monitoring advice given to appropriate staff, CAF etc)	Date:	Time completed:	By whom:		
Outcome	Date:	Time completed:	By whom:		
Parent/carer informed?	Y	Who spoken to:	Date:	Time:	By whom:
	N	Detail reason:			
Is any additional detail held, if so where?					
Prior safeguarding history	No. of previous records of concern:				
	Has the child been subject of CAF/Early Help assessment?				
	Currently on CP Plan (CPP) / Child in Need Plan (CiN)				
	Previously on CP Plan (CPP) / Child in Need Plan (CiN)				
	Is child known to other agencies?		Y / N		
Name of DSL:			Signature:		

17. Appendix B

Community PRAXIS

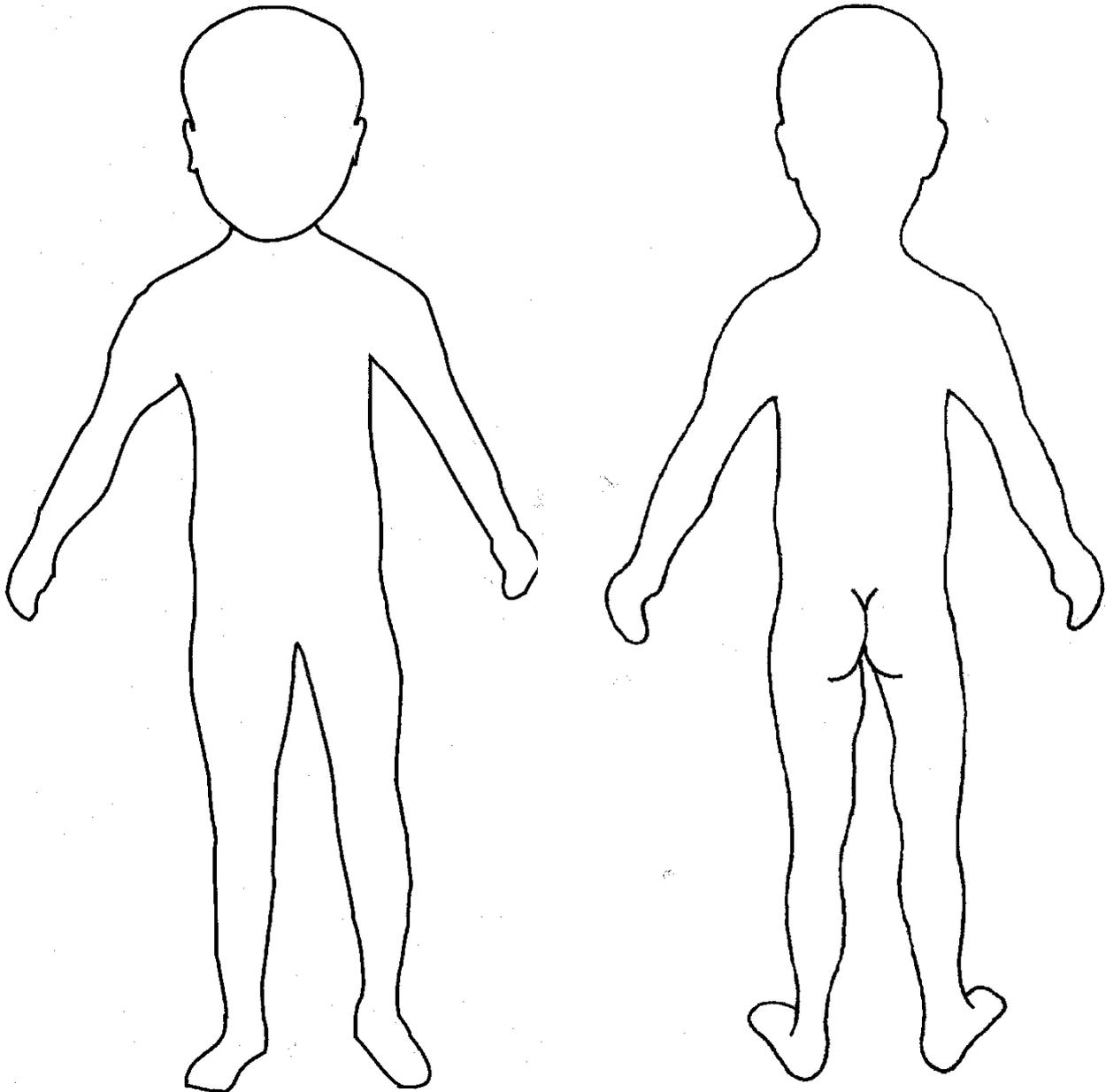
BODYMAP

(This must be completed at time of observation)

Name of Pupil: _____ Date of Birth: _____

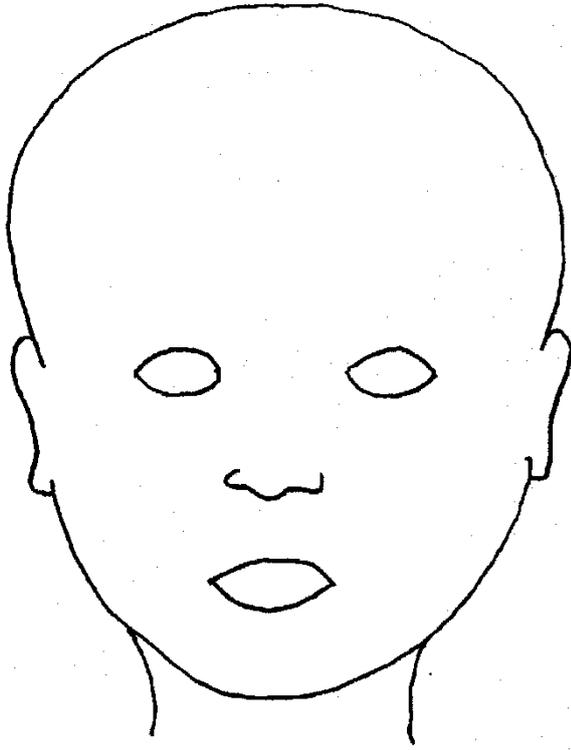
Name of Staff: _____ Job title: _____

Date and time of observation: _____

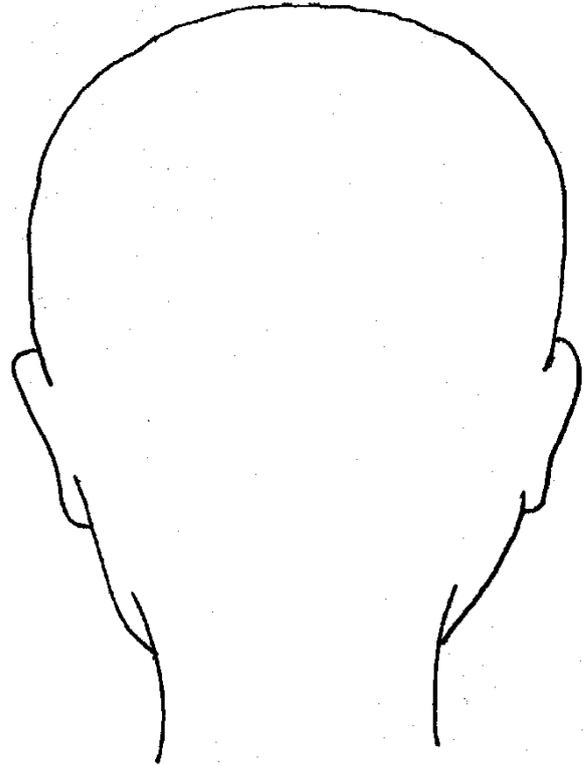


Name of pupil: _____

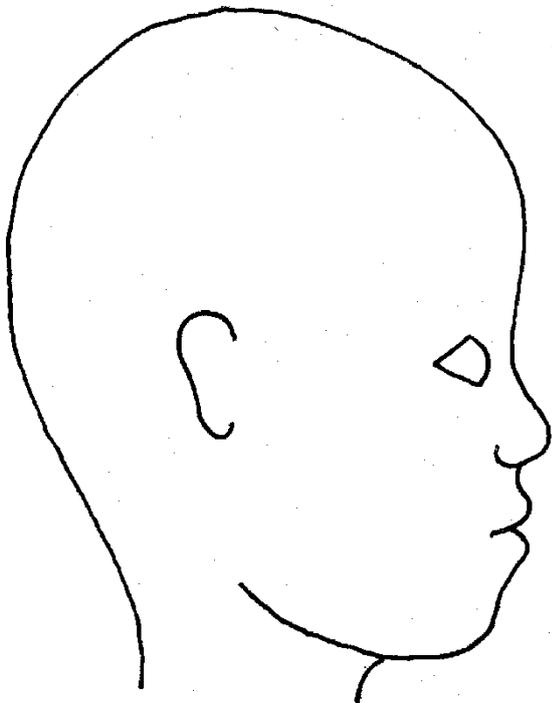
Date and time of observation: _____



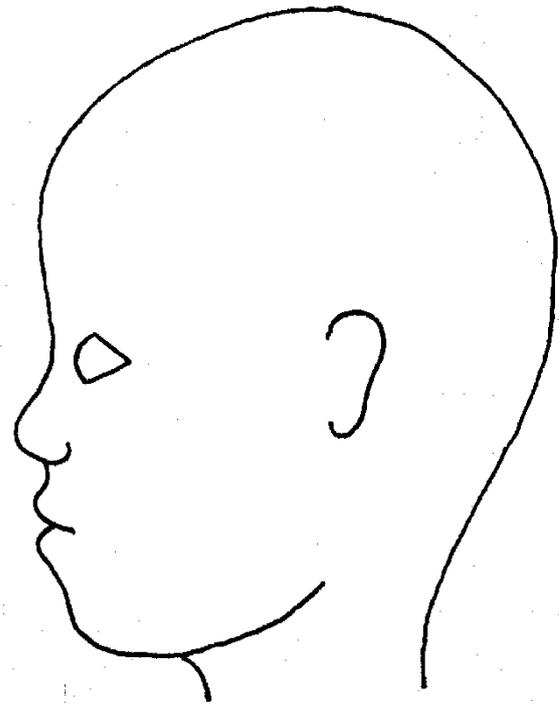
FRONT



BACK



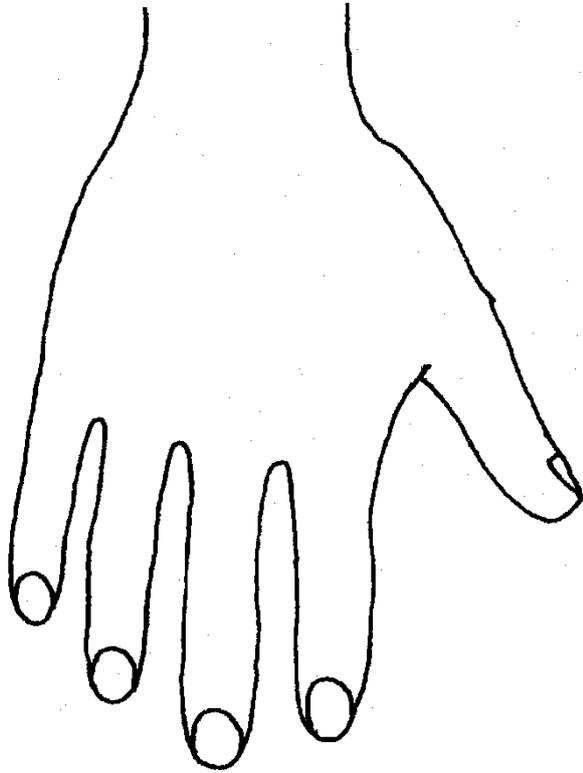
RIGHT



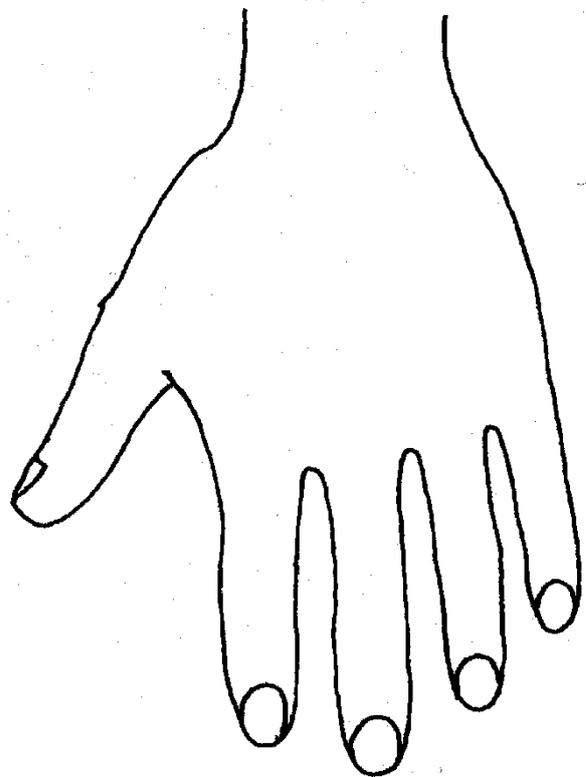
LEFT

Name of pupil: _____

Date and time of observation: _____



R



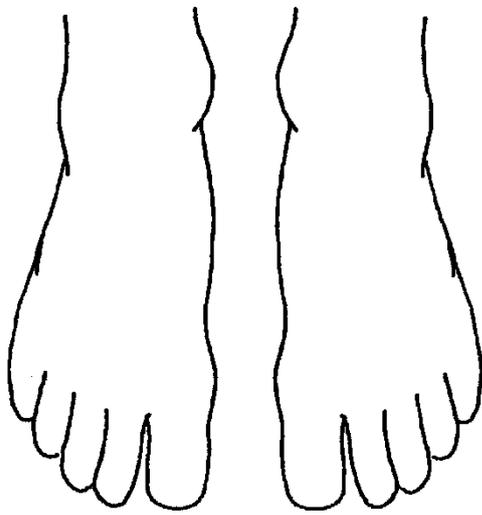
L

BACK

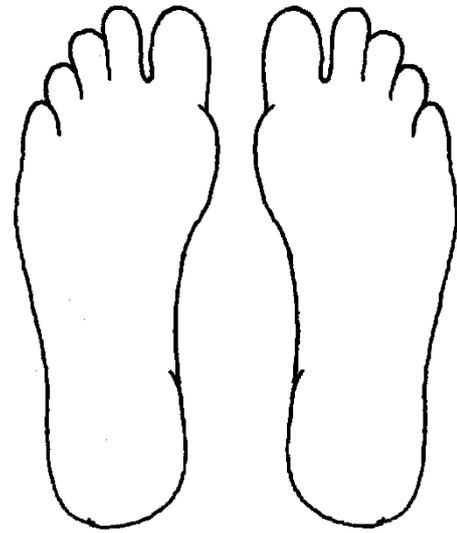


Name of Pupil: _____

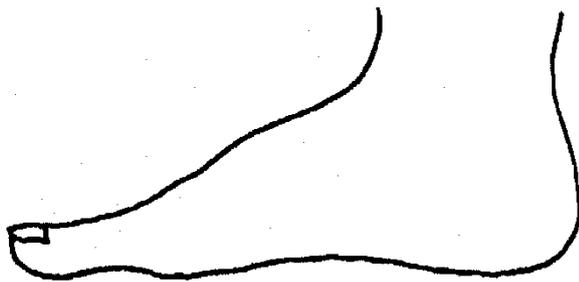
Date and time of observation: _____



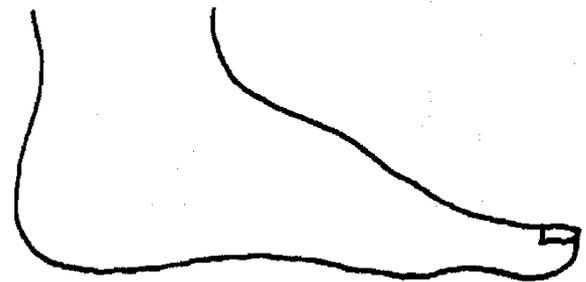
R TOP L



R BOTTOM L



R

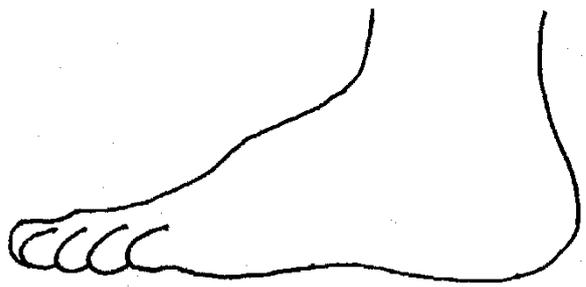


L

INNER



R



L

OUTER

Printed Name,
Signature and Job
title of staff: _____